

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

Row 1 Administrative Data	Reporter name: <div style="background-color: black; width: 100px; height: 20px;"></div>	Submission date:	Contact person (if different than reporter)	Internal ID 1-46199151
	Address: Kentucky		Address: -006	
	Phone #: <div style="background-color: black; width: 100px; height: 20px;"></div>		Phone #:	
	Incident Status: New	Location and date of incident Kentucky 11/07/2016	Date registrant became aware of incident: 11/9/2016	Was incident part of larger study?
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) 239-2657	EPA Registration # (Product 2)		EPA Registration # (Product 3)
	A.I. (s) Glyphosate, Imazapyr	A.I. (s)		A.I. (s)
	Product 1 Name GroundClear Complete Vegetation Killer (Conc)	Product 2 Name		Product 3 Name
	Exposed to concentrate prior to dilution? No	Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?
	Formulation	Formulation		Formulation
Row 3 Incident Circumstances	Evidence label directions were not followed? No Intentional misuse? No	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)) Own Residence		Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating) See Description Notes
	Applicator certified PCO? Not applicable			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description			

Personal privacy information

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*11/9/2016 7:53:59 AM Product: Ortho Groundclear
EPA reg: 239-2657*

Hx: Coller was using this diluted product on Monday afternoon and spilled some onto his legs. That night, he began to experience increased salivation, fever, headache, sore throat, and thicker nasal discharge. Symptoms have persisted into today. Originally he thought he was sick but wanted to call and check.

A:

- Diluted product contains a low concentration of 2 different herbicides.*
- Skin exposure may result in irritation and redness, which should gradually subside following irrigation.*
- Agreed that symptoms are inconsistent with exposure and that they may be more viral in nature. If they are persistent or worsening rec to contact HCP.*
- Please call back with any additional questions or concerns.*

Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

Demographic information Age: <i>Unknown Adult (18-64)</i> Sex: <i>Male</i> Occupation: (if relevant)	Exposure route: <i>Dermal</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)? <i>Not applicable</i>
If female, pregnant? <i>Did not query</i>	Was exposure occupational? <i>No</i> If yes, days lost due to illness:	Time between exposure and onset of symptoms: <i>See Symptoms</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>On-site</i>	List signs/symptoms/adverse effects. <i>Salivation, 24 hrs or less; Throat Irritation, 24 hrs or less; Fever, 24 hrs or less; Headache, 24 hrs or less; Nasal discharge, 24 hrs or less;</i>		If lab tests were performed, list test names and results (If available, submit reports). <i>Not Reported</i>
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: <i>HC</i>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Inte.nal ID #
1-46199151

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